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0010/PTO Rev. 6/95		ent of Commer Trademark Offi		Attorney D Number	Docket	9793/035					
DECLARATION					ed	Gerber, Martin					
	COMPLETE IF KNOWN										
Declaration Submitted		nration nitted after		Applicatio	n Number	Unknown					
With Initial Filing		Filing		Filing Dat	е	Herewith					
				Group Art	Unit	Unknown					
				Examiner	Name	Unknown					
As below named Inventor, I hereby declare that:											
My residence, post office address,	My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
SUBCUTANEOUS ANALYTE SENSOR											
	(Title of the Invention)										
the specification of which ☑ is attached hereto											
OR											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number											
	ar	id was amende	d on (MM/DD/)	m) 🗀			(if applica	ble)			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose											
I hereby claim foreign priority benefits under Title 35, United States Code § 19(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
								uttached?			
Prior Foreign Application Country Number(s)		uy	(MM/D/Y			Claimed	Copy Attached? YES NO				
:							120				
None	None										
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]					
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:											
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below											
Application Number(s	YYY)			nal provisional							
None			application numbers are listed on a supplemental priority sheet attached hereto.								

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DECLARATION						Page 2					
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S. Parent Application PCT Pare					rent		Pare	Parent Filing Date (MM/DD/YYYY)			t Patent Number f applicable)
Number Numl											
Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the											
Patent and Trademark Office connected therewith:											
Firm Name	Firm Name Brinks Hofer Gilson & Lio							Number (if application			
	Name					tration nber	Name				Registration Number
Lawrence A. Steward						309					
David H. Badger						97					
Dean E. Mc	Connell				, ,	44,916					
Sanders N. I	Hillis				45,7	712					
A. James Richardson					26,9	983					
Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.											
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First Inventor A petition has been filed for this unsigned inventor.											
Given Martin Middle Initial					3	amily lame	Gerber				
Inventor's Signature								1	Date		
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City Indianapolis State IN ZIP					4	46250	Country	US		Applicant Authority	
Addition	nai inventors are b	eing nam	ned on su	upplen	nental s	heet(s)	attached h	ereto.			

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DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional	Joint Inventor, if any	ſ:				A petition ha	as been filed fo	or this unsigne	d inventor.			
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Inventor's Signature								Date				
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Name of Additional	Joint Inventor, if any	<i>y</i> :				A petition ha	as been filed fo	or this unsigne	d inventor.			
Given Name	Wolfgang Middle Initial				Family Name	Petrich			Suffix			
Inventor's Signature								Date				
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.												
Given Name			Middle Initial		Family Name				Suffix			
Inventor's Signature								Date				
RESIDENCE: City				State		Country			Citizenship			
POST OFFICE ADD	RESS											
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Name of Additional	Joint Inventor, if an	y:				A petition h	as been filed f	or this unsigne	ed inventor.			
Given Name			Middle Initial		Family Name				Suffix			
Inventor's Signature	iventor's ignature					Date						
RESIDENCE: City				State		Country			Citizenship			
POST OFFICE ADD	RESS	T										
City		State		ZIP		Country			Applicant Authority			
Name of Additional	Joint Inventor, if an	y:				A petition h	as been filed f	or this unsigne	d inventor.			
Given Name		-	Middle Initial		Family Name				Suffix			
Inventor's Signature				<u> </u>	•			Date				
RESIDENCE: City				State		Country			Citizenship			
POST OFFICE ADDRESS												
City		State		ZIP		Country			Applicant Authority			
Addition	nal inventors are t	eing nam	ned on su	pplement	al sheet(s) attached	hereto.					